



# REQUEST FOR ROLLOVER ACCOUNT BENEFICIARY DESIGNATION CHANGE

State Form 52332 (7-05)

Approved by State Board of Accounts, 2005

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.in.gov/trf>

## PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, please send a written request and include your Social Security number, date of birth, current address and signature. We will mail you the information.

## INSTRUCTIONS TO MEMBERS

*Please use this form to designate or change a beneficiary for your rollover account.  
If you elect multiple beneficiaries, be sure to designate "Primary" or  
"Secondary" for each person listed.*

## PLEASE USE BLACK INK ONLY

### MEMBER IDENTIFICATION

Name of member (first, middle initial, last)	TRF account number (required)	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single
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### CHANGE OF BENEFICIARY

NOTE: A "Primary" beneficiary will receive all benefits due upon the member's death. Multiple surviving "Primary" beneficiaries will receive equal shares. A "Secondary" beneficiary will receive all benefits upon the member's death, only if all designated "Primary" beneficiaries predecease the member. Multiple "Secondary" beneficiaries will also receive equal shares. The option to choose a beneficiary **must** be signed by a witness. All information on this form will be used for your "Rollover Account" **only**. No changes to any other account will be made using this form.

THE INFORMATION LISTED BELOW REPLACES ALL INFORMATION LISTED ON PREVIOUS FORMS.

DESIGNATION	SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY (First, Middle Initial, Last)	DATE OF BIRTH	RELATIONSHIP
1. PRIMARY				
SECONDARY				
2. PRIMARY				
SECONDARY				
3. PRIMARY				
SECONDARY				
4. PRIMARY				
SECONDARY				
5. PRIMARY				
SECONDARY				

### MEMBER ATTESTS THAT ALL CHANGES ARE TRUE TO THE BEST OF HIS / HER KNOWLEDGE

Member signature:	Date signed (month, day, year):
Witness signature (any person other than an above named beneficiary):	Date signed (month, day, year):